PFO/SQ/V6(03-03)

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CLAIMS AS FILED - PART I (Column 1) (Column 2)						SKALL	ENTITY	OR Ti		R TIKAN ENTITY
FOR . NUMBER			DER FILED			RATE	. FEE .] :	RATE	FEE
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NDEPENDENT CLAIMS 37 OFR 1.16(b))		us	minus 3 =		 		 	OR ·	X 1	
AULTIPLE DEPENDENT CLAM PRESENT (37 CFR 1.16(d))						×		OR	× ·	
•	****	· · · ·	•			<u> </u>		OR	·+s <u>··</u> =	
If the difference in column 1 is less than zero, enter 10° in column 2°						TOYAL	L	OR	1014	
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	2-06	(Column 1)		· (Column 2)	(Column 3)	SMALL	ENTITY	O R		THAN ENTITY
Ę		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI: TIONAL FEE		RATE	ADDI: TIONAL
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ξ _{6,6}	IST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAM DEC	R 1.166m		1			-+
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,1663)						TOTAL	-	OR	+s=	-
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<u> </u>	CFR 1,1QHI	<u> </u>	لـــــا	<u> </u>		×1/		Ois	× 5=	
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2,0	7,10,					ADD'L FEE]	OR	TOTAL ADD'L FEE	
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	FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 1940);					*1 <u> </u>		on.	8	
						JATOI	· ·	~ _	TOTAL	· · · · · ·
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The Tigness Number Previously Paid For (total or Independent) is the tignest remote found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.15. The information is required to obtain or retain a benefit by time public which is to file (and by the USP10 to process) an application. Confidentially is governed by 35 USC 177 and 37 CFR 1.14. This confiction is estimated to take 12 natures to complete, including gathering, including and submitting the completed application form to the USP10. There was vary depending utton the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this funder. Should be sent to the Chief Information Offices, U.S. Patent and Tradehias Office (U.S. Department of Commission of 1450 Alexandra, VA 77313-1450, BO NOT SELECT CES OR COURTEBED ROURS TO THIS ADDRESS SELECT Commissioner for Patents, P.O. Box 1450, Alexandra, VA 77313-1459.